

POC accepted
8/28/09
b. [unclear] HFS III
letter to adm.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS469XASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2009
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NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2136 E DESERT INN RD #B LAS VEGAS, NV 89109
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 00 INITIAL COMMENTS

A 00

This Statement of Deficiencies was generated as a result of a State Licensure health and life safety code survey and a complaint investigation conducted in your facility on 6/17/09 and finalized on 6/30/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.

Complaint #NV00022058 was unsubstantiated.

A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.

Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.

The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.

A100 NAC 449.983 Protection from Fires and Other Disasters

A100

1. The administrator shall ensure that the center, members of the staff and patients are adequately

RECEIVED

JUL 24 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM	TITLE Andrea J. Bendler	(X6) DATE 7/21/09
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A100	Continued From page 1 protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of fire drills conducted on a quarterly basis since June of 2008. Severity: 2 Scope: 3	A100	The page that was being used at this time was found in the cabinet. The fire drills are conducted quarterly as stated in our policy also, a new fire drill log has been created as per a surveyors suggestion. The missing page and the new log is enclosed for your review. In addition, the policy and plan has been approved by the governing body and will be submitted to the local fire department for approval and correction if needed. Enclosure A100. Completion date 6/19/09	
A122	NAC 449.9865 Medical Staff 4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him. This Regulation is not met as evidenced by: Based on staff interview, it was determined that there was no roster of the surgical privileges of each member of the medical staff in the procedure room. Severity: 1 Scope: 3	A122	A roster of surgical privileges has been created and placed in the procedure room. A copy is enclosed for your review. The nurse manager will be responsible for monitoring and updating this roster. Enclosure A122. Completion date 6/19/09.	
A173	NAC 449.992 Pathological Services 3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff. This Regulation is not met as evidenced by: Based on policy review, the facility failed to	A173	Our contracted pathologist signed and dated the policy for exempt tissue as needed. A copy is enclosed for your review. Each new revision will be the responsibility of the nurse manger to monitor and inform each employee of any changes. Enclosure A173. 6.19.09	

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STATE FORM

6899

R5FY11

If continuation sheet 2 of 4

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A173	Continued From page 2 ensure the pathology exempt tissue list had been approved by the pathologist. Severity: 1 Scope: 3		A173		
A9999	Final Comments Adopted Regulation of the State Board of Health, LCB file number R096-08: Section 18 (1, 2a): 1. Each ambulatory surgical center shall designate an employee or enter into a contract with a person to oversee and manage all aspects of the program for the prevention and control of infections and communicable diseases. 2. The person described in subsection 1: (a) Shall have completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases; and Based on staff interview and employee file review, the facility failed to designate an employee to manage the infection control program who had specialized training in the prevention and control of the development and transmission of infections and communicable diseases. Section 15 (3, 5, 6): Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to: 3. Safe injection practices to prevent the contamination of equipment used for injections and medication. Those policies and procedures		A9999	(1) Each designated employee will be attending specialized training in the prevention and contro of infections and communicable diseases, copies of the registration are enclosed for your review. Enclosure A9999. Completion date 7/23/09. (2) Upon completion of the above state class copies will be faxed to you office. These certificates will be placed in the employee's personnel file and the nurse manager will be reponsible for monitoring training and updating files when needed. Completion date 7/23/09. (3) Policies and procedures are enclosed, old and revised for your review. These policies are located under patient's safety and may have been missed during our survey. Each staff member will be updated with revision by the nurse manager. Enclosure old and revised. Completion date 7/14/09.	

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A9999	Continued From page 4 1. A new sterile needle and new sterile syringe must be used for each patient and may not be used for more than one patient. 2. Techniques for accessing a single-dose vial. 3. Intravenous tubing and fluid bags or bottles must not be used for more than one patient. 4. Single-dose vials must be prepared in a clean area. 5. Upon first access of a multidose vial, the person who accessed the vial shall date and initial the vial. 6. A needle must not be left inserted in the cap of a multidose vial after its use. Section 15 (12 a): 12. The identification and reporting of the development and transmission of infections and communicable diseases. Those policies and procedures must include the method by which the ambulatory surgical center must: (a) Track and document the development and transmission of infections and communicable diseases which are related to the medical procedures performed at the ambulatory surgical center. Based on interview the facility failed to provide evidence of tracking and documenting the development and transmission of infections and communicable diseases related to the medical procedures performed at the center. Severity: 2 Scope: 3	A9999	These problems are discussed during our quarterly meetings, however, they are noted at time of occurrence by our staff. Each patient is called by staff within 24 hours of their procedure. However, a quick reference guide log will be maintained on the daily basis. All patients are followed up within 2 to 4 weeks. MD on call and/or MA is responsible for communicating with the nurse manager for any complication and/or infections post procedures. Enclosure A9999 and Enclosure A9999(1) Completion date 7/16/06	

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